

California Application to Participate in the Electronic Filing Program

1996

8633

1 This application is (check one) <input type="checkbox"/> New <input type="checkbox"/> Revised			
a Legal name of firm as shown on tax return.			
b Federal Employer Identification Number and/or Social Security Number FEIN # _____ and/or SSN # _____	c IRS Electronic Filer Identification Number EFIN # _____	d IRS Electronic Transmitter Identification Number ETIN # _____	e Service Bureau Identification Number (if applicable) SBIN # _____
f Doing Business As (DBA) Name (if other than the legal name in item 1a).			
g Check the box that indicates your firm's organizational structure and complete Side 2, if applicable. If a partnership, enter the number of partners; if a corporation, enter the corporation number; if Other, please specify (e.g., associations, credit unions, employers/organizations offering service as a benefit to its employees or members, government agencies, Volunteer Income Tax Assistance (VITA) sites). <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership Number of Partners _____ <input type="checkbox"/> Corporation Corp # _____ <input type="checkbox"/> Other (Specify) _____ </div>			
h As owner and/or controller of business, please check appropriate box and include number <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> CPA # _____ <input type="checkbox"/> Enrolled Agent # _____ </div> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Registered Tax Preparer # _____ <input type="checkbox"/> Other (specify) _____ </div>			
i <input type="checkbox"/> Check this box if you will be providing electronic filing and/or tax preparation as a benefit (no charge) and are not using the services to attract customers who will pay for tax preparation or transmission services. <i>Eligible entities include employers offering electronic filing free of charge as a benefit to their employees, government agencies, VITA sites, etc. Attach an explanation of how you will process returns for electronic filing.</i>			
j Contact representative name (first, middle, last) _____ Daytime telephone number (year round contact) (area code & ext.) (_____) _____ FAX (include area code) (_____) _____		k Alternate contact representative (first, middle, last) _____ Daytime telephone number (year round contact) (area code & ext.) (_____) _____ FAX (include area code) (_____) _____	
l Year round mailing address (Street, P.O. Box, City, State, Zip Code)		m Business address (office site/location) (Street, City, State, Zip Code)	

2 Is the firm owned or controlled by another electronic filer? ☐ Yes ☐ No
 If "yes" provide the name of the electronic filer owning or controlling your firm: _____
 Owning or controlling firm's EFIN _____ ETIN _____

3 Please answer the following questions by checking the appropriate box:

a) Will you or your firm transmit tax return data directly to Franchise Tax Board? ☐ Yes ☐ No
 (NOTE: An Electronic Return Originator (ERO) who transmits through a third party is not categorized as a transmitter and should answer "NO" to Question 3a.)
 If "yes" will you (check appropriate box):
☐ Transmit using IBM 3780 bi-synchronous communication protocol
☐ Transmit using asynchronous communication protocol

b) Will you or your firm write electronic filing software? ☐ Yes ☐ No

c) Will you or your firm prepare tax returns including forms FTB 8453 (California Individual Income Tax Declaration for Electronic Filing) or collect completed returns including form FTB 8453 for the purpose of filing returns electronically? ☐ Yes ☐ No

- 4 Has the firm or any corporate officer, partner, owner or responsible official:
- | | | |
|--|------------------------------|-----------------------------|
| a Been assessed any California preparer penalties? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b Been convicted of a monetary crime? (See instructions on Side 4.) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c Failed to file California personal or business tax returns, or pay liabilities? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d Been convicted of any criminal offense under the U.S. Internal Revenue or California Revenue and Taxation Codes? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If the answer is yes to any of the above inquiries, attach a written explanation describing all pertinent facts.

Application Agreement

Under penalties of perjury, I declare that I have examined this application and any accompanying information, and to the best of my knowledge and belief it is true, correct, and complete. This firm and its employees will comply with all the provisions of FTB Pub. 1345 and related publications, including fraud detection and prevention guidelines for all years of participation. I understand that if this firm is sold or its organizational structure is changed, acceptance for participation is not transferable and a new application must be filed. I agree to retain FTB 8453, California Individual Income Tax Declaration for Electronic Filing form, signed by the taxpayer in the form prescribed by Franchise Tax Board. I further understand that noncompliance will result in the firm or individual no longer being allowed to participate in the program. I am authorized to make and sign this statement on behalf of the firm.

5 Name and title of firm official and/or principal owner (type or print)

6 Signature of firm official and/or principal owner

7 Date

Firm's Organizational Structure (Instructions for Side 1, 1g)

If you are NOT a government agency, VITA site, or providing electronic filing free of charge, you MUST complete this section. If you are a SOLE PROPRIETOR, list your name, home address, and social security number below. If your firm is a PARTNERSHIP, list the name, home address, and social security number of each partner who has five percent (5%) or more interest in the partnership. If your firm is a CORPORATION, list the name, title, address, and social security number of the President, Vice-President, Secretary, and Treasurer of the corporation. If you are a for-profit entity and have checked Other, or you are a partnership and no partners have at least 5% interest in the partnership, list the name, title, home address and social security number of at least one individual authorized to act for the firm in legal and/or tax matters. (If additional space is required, attach a separate sheet.)

Name	Title	Home Address	Social Security Number

Drop-Off Collection Points — Complete this section as specified in the instructions on Side 4. If additional space is required, attach a separate sheet.

Name and Address or Drop-off Collection Point 	Name of Principal Contact: Electronic Filer Identification Number (EFIN) 	Telephone Number () Does this office operate 12 months of the year? Yes No
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Instructions for Form 8633

California Application to Participate in the Electronic Filing Program

General Information

A When and Where to File

To ensure complete and timely review of your application prior to the beginning of the filing season, your application must be postmarked no later than December 2, 1996. Send the completed application to:

**ELECTRONIC FILING UNIT
FRANCHISE TAX BOARD
PO BOX 1468
SACRAMENTO CA 95812**

Send courier, freight or UPS deliveries to:

**ELECTRONIC FILING UNIT
FRANCHISE TAX BOARD
9645 BUTTERFIELD WAY
SACRAMENTO CA 95827**

B Telephone Information

If you have any questions, call the Franchise Tax Board Electronic Filing Help Desk between the hours of 8 a.m. – 5 p.m. Pacific Time, Monday through Friday.

Electronic Filing Help Desk
Phone: (916) 845-0353
FAX: (916) 845-5340

Specific Instructions

- Line 1 –** Check the appropriate box.
- Line 1a –** If your firm is a sole proprietorship, write the name of the sole proprietor. If your firm is a partnership or corporation, write the name shown on the firm's tax return.
- Line 1b –** If your firm is a partnership or corporation, write the firm's Federal Employer Identification Number (FEIN). If your firm is a sole proprietorship and you do not have a FEIN, write your Social Security Number (SSN).
- Line 1c – EFIN** Applicant must be a participant in the IRS Electronic Filing Program. California uses the Electronic Filer Identification Number (EFIN) assigned to you by the IRS. The EFIN must be included on the application. If you have multiple EFIN's for IRS purposes, indicate the EFIN you will use for California electronic filing.
- Line 1d – ETIN** California uses the Electronic Transmitter Identification Number (ETIN) assigned to you by the IRS. If you are planning to develop electronic filing software or transmit directly to FTB, the ETIN must be included on the application. If you have multiple ETIN's for IRS purposes, indicate the ETIN you will use for California electronic filing.
- Line 1e – SBIN** California uses the Service Bureau Identification Number (SBIN) assigned to you by the IRS. If you are a Service Bureau, include your SBIN.
- Line 1f –** If for the purpose of electronic filing, you or your firm are using a name other than the name on line 1a, write that name(s) on this line.
- Line 1g –** Check the box that indicates your firm's organizational structure and complete Side 2 if applicable.

- Line 1h –** Check appropriate box and enter corresponding number.
- Line 1i –** Check this box ONLY if you are providing electronic filing and/or tax preparation as a benefit and are not using the services to attract customers who will pay for tax preparation services. Generally few applicants meet the criteria for checking this box. Eligible entities include employers offering electronic filing as a benefit to their employees, government agencies, VITA sites, etc. If you check this box, you must attach a description of how you will process electronic returns.
- Lines – 1j and 1k** Enter information as required. Franchise Tax Board needs this information in case questions arise during testing or throughout the processing year.
- Line 1l –** Write your year round mailing address.
- Line 1m –** Write the address of the physical location of the firm if it is different from your mailing address.
- Line 2 –** If "Yes," provide the name of the owning/controlling firm and EFIN/ETIN.
- Line 3 –** Answer Yes or No.
- Line 4 –** Answer Yes or No. If Yes, provide an explanation. Monetary crimes include, but are not limited to: money laundering, embezzlement, stock fraud, etc.
- Lines – 5 and 6** The person authorized to act and sign for the firm in legal and/or tax matters should complete these lines. **Must provide a live signature.**

Firms Organizational Structure

Complete this section if you did not check the box on Line 1i, Side 1. If you are not a government agency, VITA site or providing electronic filing free of charge, you **MUST** complete this section.

Drop-Off Collection Points

A drop-off collection point is a business where taxpayers can deposit their completed tax return, including form FTB 8453, California Individual Income Tax Declaration for Electronic Filing, for the purpose of having their returns electronically filed by the applicant. If you acquire additional drop-off collection points after you file your application, you will need to submit a revised form FTB 8633.

Taxpayer Signature Document

The preparer or electronic return originator is required by law to **retain** form FTB 8453, California Individual Income Tax Declaration For Electronic Filing, in the form prescribed by Franchise Tax Board. **DO NOT MAIL FORM FTB 8453 TO FTB.**

Fraud Detection and Prevention

You can play an important role in assuring the integrity of electronically filed returns. You can assist us in fraud prevention and detection by following the guidelines listed in FTB Pub. 1345.